

Name
in
Full

Emma Elizabeth Amoss

CERTIFICATE OF DEATH

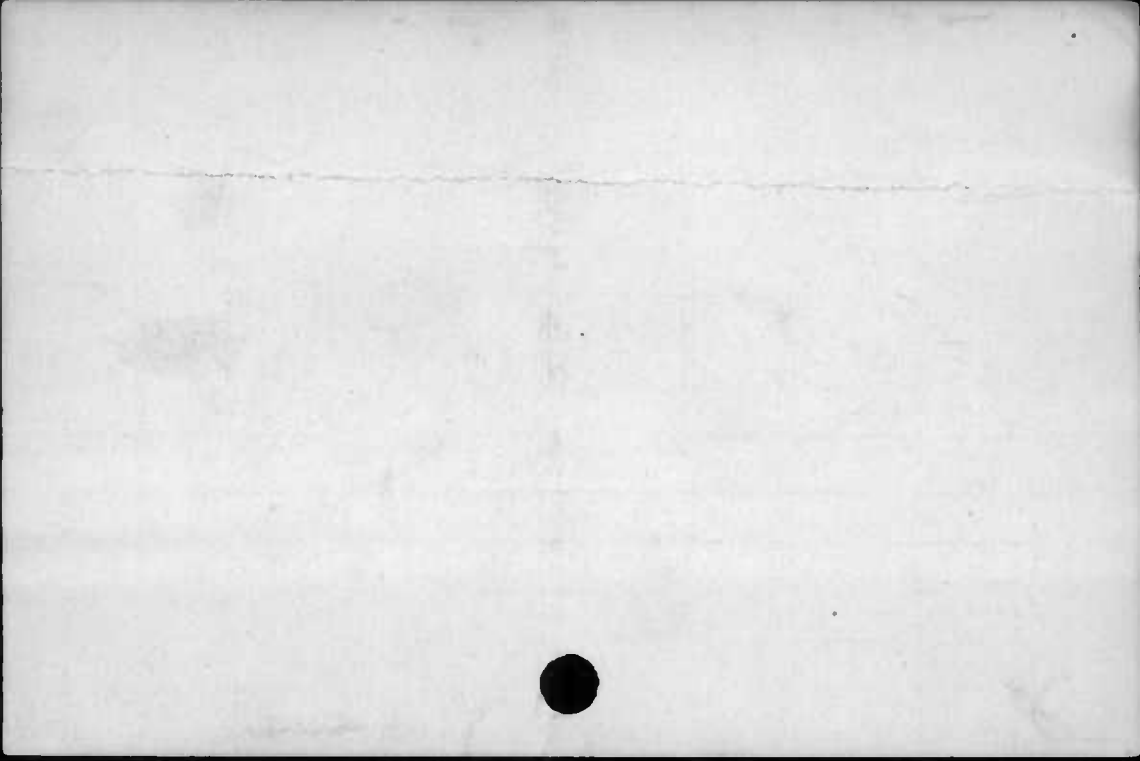
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>13</i>	Age <i>52</i>	Months <i>9</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>House wife</i>		Where Residing If not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Oliver P Amoss</i>				
Father's Name <i>Levi Amoss</i>	<i>Marr</i>		Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Elizabeth H. Marr</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>Curtis Amoss</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Congested Nephritis</i>	How long
Immediate	<i>Euremic Coma</i>	How long <i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John W. Webb Jr</i>
		Address <i>West Friendship</i>
		<i>Howard County Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

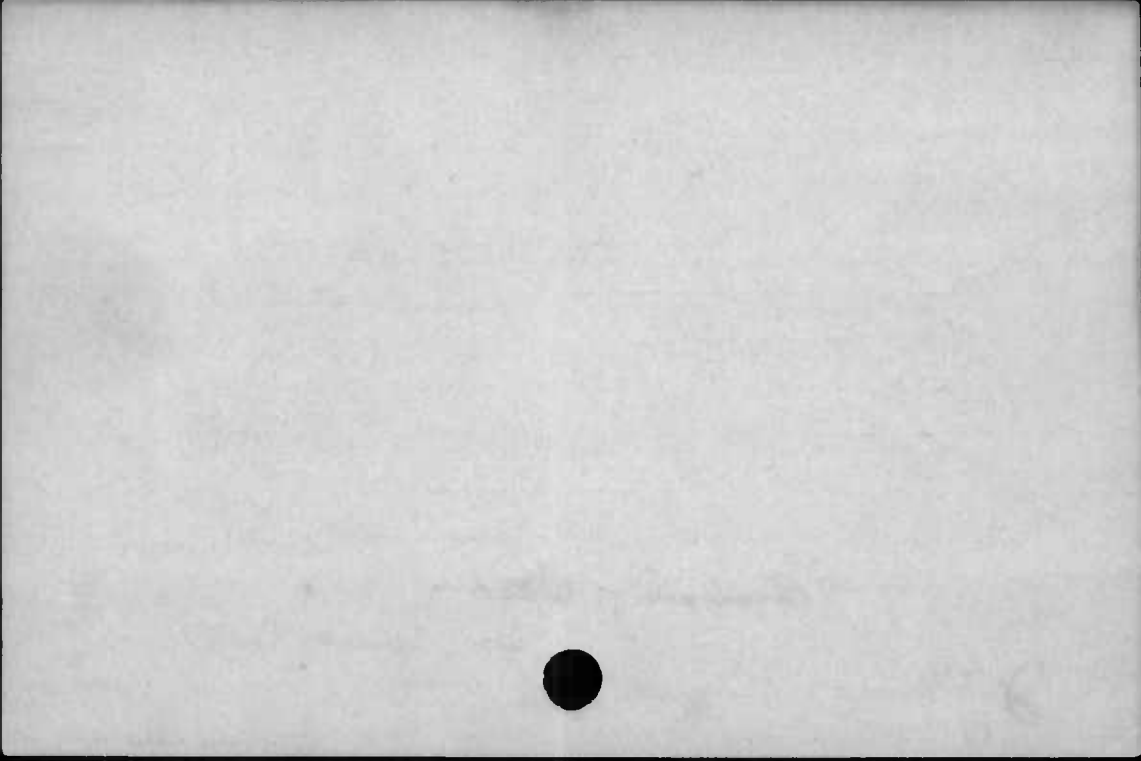
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lochoma</i>		Town <i>Lochoma</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>10</i>	Age	<i>Years</i>	Months	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Lochoma</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Harry H. Bearaph</i>				Father's Birthplace <i>Oakland</i>			
Mother's Maiden Name <i>Mary E. Bearaph</i>				Mother's Birthplace <i>Arden, Pa.</i>			
Name of person giving information <i>S. L. Bearaph</i>				How related to deceased <i>Grand Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>71</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. H. Wells</i>	
		Address <i>Harrisonville</i> <i>Balt. Co</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

150

John. A. Beurdiet

Town

County

Died at

Union Bridge

Carroll

MARYLAND

Date 1906 Month 11 Day 18 Age 52 Y. M. D. Native of Wd Occupation _____

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Sarah Benedict

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Paralysis of Heart

How long sick

death sudden

Accident, Suicide, Homicide

Reported by

or James Hill

Address

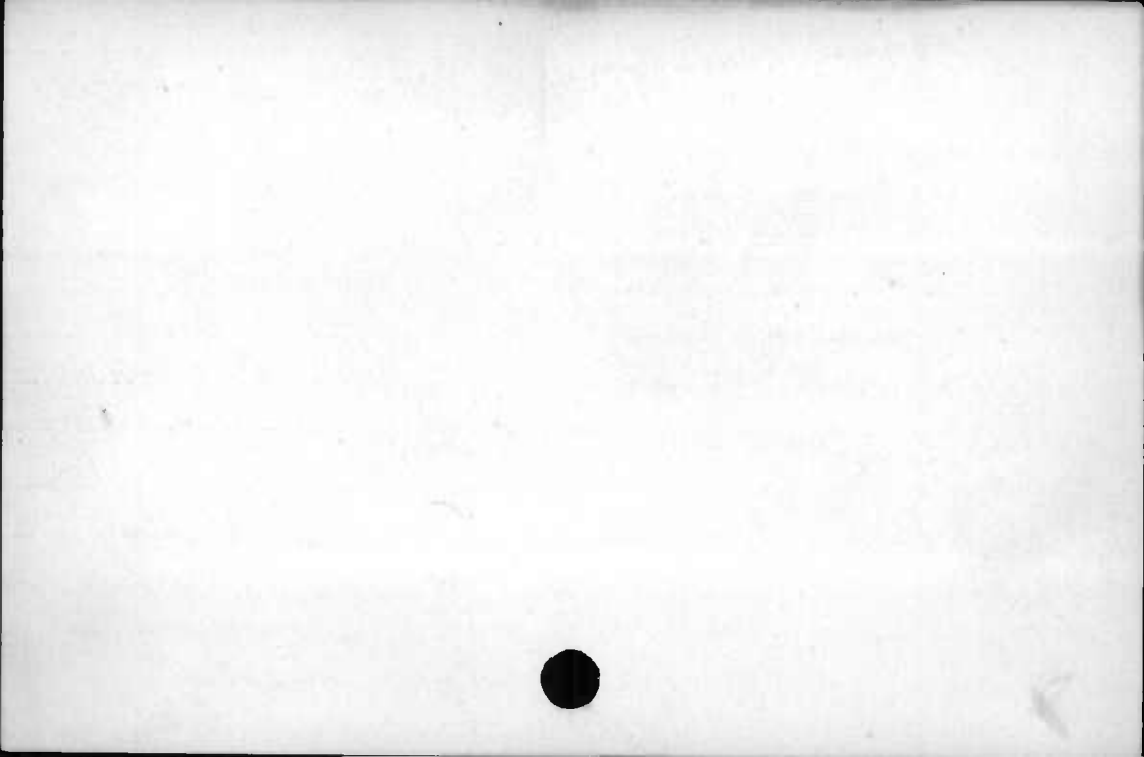
Union Bridge, Md.

Must be signed by physician, if any in attendance, otherwise by _____, undertaker or minister.

LIBRARY BUREAU. 79706



Name in Full <i>Elizabeth Brown</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died <i>near Daniel</i> Town <i>Carroll</i> County		MARYLAND
	Date of death <i>1906</i>	Month <i>11</i>	Days <i>8</i>
	Age <i>21</i>		Years <i>21</i>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Scotland</i>
	Occupation <i>House wife</i>	Where Residing if not at place of death <i>near Daniel Md.</i>	
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Brown</i>	
	Father's Name <i>Hugh Cavanaugh</i>	Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Elizabeth Daly</i>	Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>George Brown</i>	How related to deceased <i>Husband</i>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<i>Bright's Disease</i>	How long <i>6 mo</i>
	Immediate	<i>Uremia</i>	How long <i>5- days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. O. Clark</i>
			Address <i>Winfield</i>
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

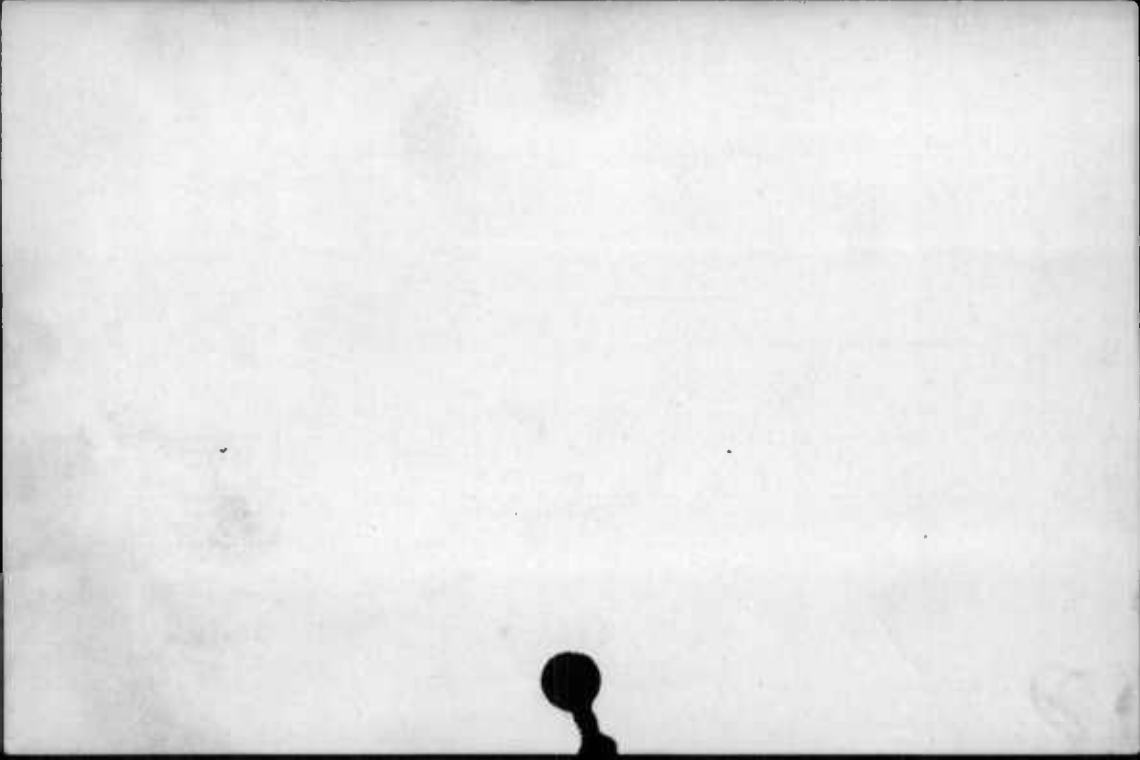
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Garrison Mt</i>		County <i>Carroll</i>		MARYLAND		
Date of death		1906	Month <i>November</i>	Day <i>25th</i>	Age <i>81</i>	Years	Months <i>2</i>	Days <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore Co.</i>				
Occupation <i>Farmer</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susanna Dehoff</i>						
Father's Name <i>Jacob Dehoff</i>		Father's Birthplace <i>Carroll</i>						
Mother's Maiden Name <i>Wheeler</i>		Mother's Birthplace <i>Baltimore Co</i>						
Name of person giving Information <i>J N Dehoff</i>		How related to deceased <i>Step son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Prostatitis</i>	How long <i>10 day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J H Sherman M.D.</i>
	Address <i>Manchester</i>
	<i>Md</i>
Accident or Suicide?	



Name
in
Full

Infant of J. O. DeVries Jr.

CERTIFICATE OF DEATH

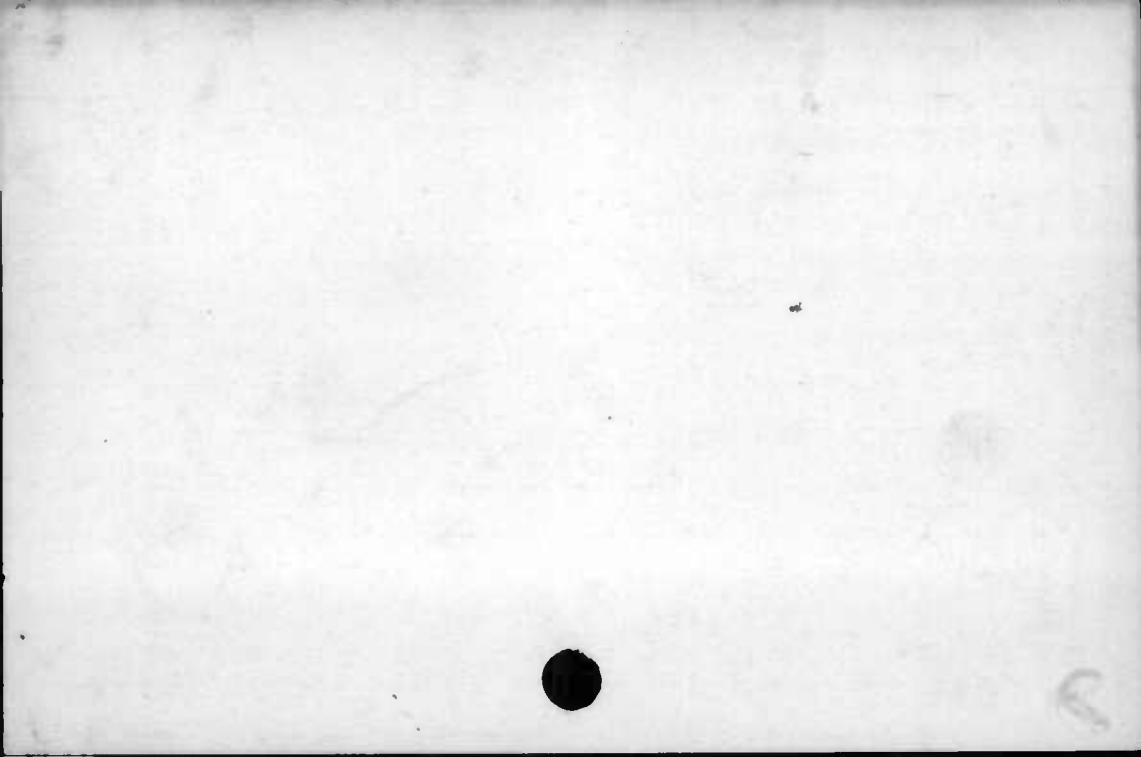
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eldersburg</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Month</small> <i>Nov.</i>	<i>9</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>10 hrs</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>W hite</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>none</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>J. Oliver DeVries Jr.</i>	Father's Birthplace <i>MD.</i>				
Mother's Maiden Name <i>Emma Koller</i>	Mother's Birthplace <i>MD.</i>				
Name of person giving information <i>J. O. DeVries Jr.</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long <i>50</i>	<i>8 mos.</i>
Immediate	<i>Congenital Cyanosis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>MD Morris MD.</i>	Address <i>Eldersburg.</i>
Accident or Suicide?	<i>no.</i>		



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death 1906

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full149
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Martin Wood</i>		Town <i>County</i>		County <i>Camell</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>18</i>	Age <i>2</i>	Years <i>4</i>	Months <i>11</i>	Days	
Sex <i>Male</i>	Color or Race <i>(Blood)</i>		Birth-place <i>Camell Co.</i>				
Occupation <i>-</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Edward W. Wawer</i>		Father's Birthplace <i>Camell Co.</i>					
Mother's Maiden Name <i>Elie Milburn</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Grand Mother</i>		How related to deceased <i>(101)</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebrospinal Meningitis</i>	How long <i>five days</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. C. Hoff</i>
	Address <i>Union Bridge</i>
	<i>and</i>
Accident or Suicide?	

Not Olive

Name in Full <i>Maggie V. Dudderar</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sykesville</i> Town, <i>Carroll Co</i> County	MARYLAND	
	Date of death <i>1906</i> Month <i>Nov</i> Day <i>9</i> Age <i>27</i> Years Months <i>1</i> Days		
	Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>Maryland</i>		
	Occupation <i>none</i> Where Residing if not at place of death		
	Married, Single or Widowed <i>Single</i> Name of Wife or Husband		
	Father's Name <i>David B. Dudderar</i> Father's Birthplace <i>Maryland</i>		
	Mother's Maiden Name <i>Margaret A. Dudderar</i> Mother's Birthplace <i>"</i>		
Name of person giving information <i>Mrs M. A. Dudderar.</i> How related to deceased <i>Mother</i>			
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Accipulas</i> How long <i>5 days</i>		
	Immediate <i>Poisoning</i> How long <i>18</i>		
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Norfolk Morris M.D.</i>	
	Address <i>Springfield Hospital, Sykesville Carroll Md</i>		
Accident or Suicide?			



Name
in
FullNo 98
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	1906	Month	Mar.	Day	15
Age	15	Year	10	Months	8
Sex	Male	Color or Race	White	Birth-place	Westminster
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Frederick M. Eckenrode			Father's Birthplace	Westminster
Mother's Maiden Name	Mary E. Logue			Mother's Birthplace	Indiana
Name of person giving information	Margaret A. Eckenrode			How related to deceased	Sister

CAUSES OF DEATH

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>15</i> months
Immediate	<i>Hemorrhage</i>	How long	<i>about 20</i> minutes
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thomas J. Bonan</i>
		Address	<i>Westminster</i>
Accident or Suicide?			

^{seemingly}
St John's Catholic
Slaves,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Honcksville</u> ^{Town}		<u>Barroel</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	Month <u>November</u>	Day <u>11</u>	Age <u>2</u>	Years <u>7</u>	Months <u>1</u>
Sex <u>male</u>	Color or Race		Birth-place		
Married, <u>Single</u> or <u>Widowed</u>			Occupation		
Name of Wife or Husband <u>Constance E. Elsröad</u>					
Father's Name <u>Constance E. Elsröad</u>			Father's Birthplace <u>Honckville</u>		
Mother's Maiden Name <u>Ida Milligan</u>			Mother's Birthplace <u>S. Carolina</u>		
Name of person giving information <u>Lamuel Elsröad</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Broncho Pneumonia</u>	How long	<u>3 days</u>
Immediate	<u>Strangulation</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. F. Richard M.D.</u>	
		Address <u>Dampstead</u>	
Accident or Suicide?		<u>In, S.</u>	



21

Name
in
Full

Thomas H. Gibson

CERTIFICATE OF DEATH

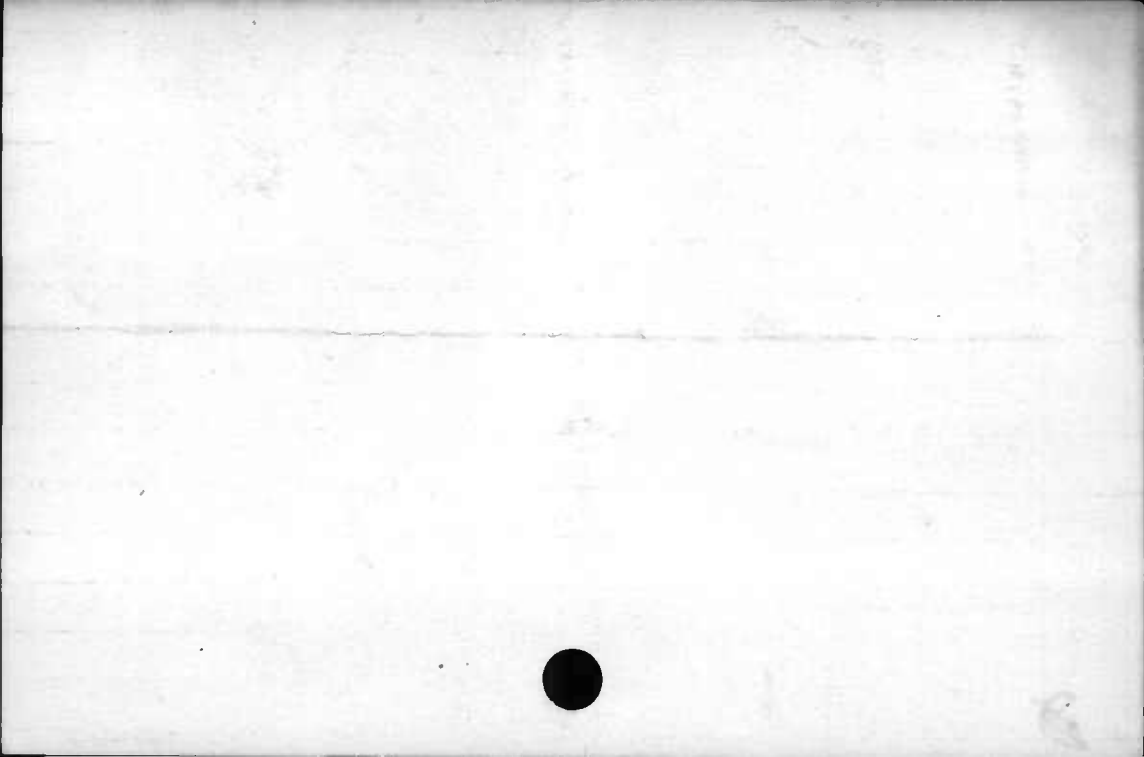
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov.</i>	Day <i>28</i>	Age <i>44</i>	Years <i>44</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>md.</i>					
Occupation <i>Laborer</i>			Where Residing If not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>H. F. Gibson</i>			Father's Birthplace				
Mother's Maiden Name <i>Rebecca</i>			Mother's Birthplace				
Name of person giving information <i>Hospital records</i>			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Paralysis</i>	How long <i>5</i>
Immediate <i>General debility</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Carey</i>
	Address <i>Synewille Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

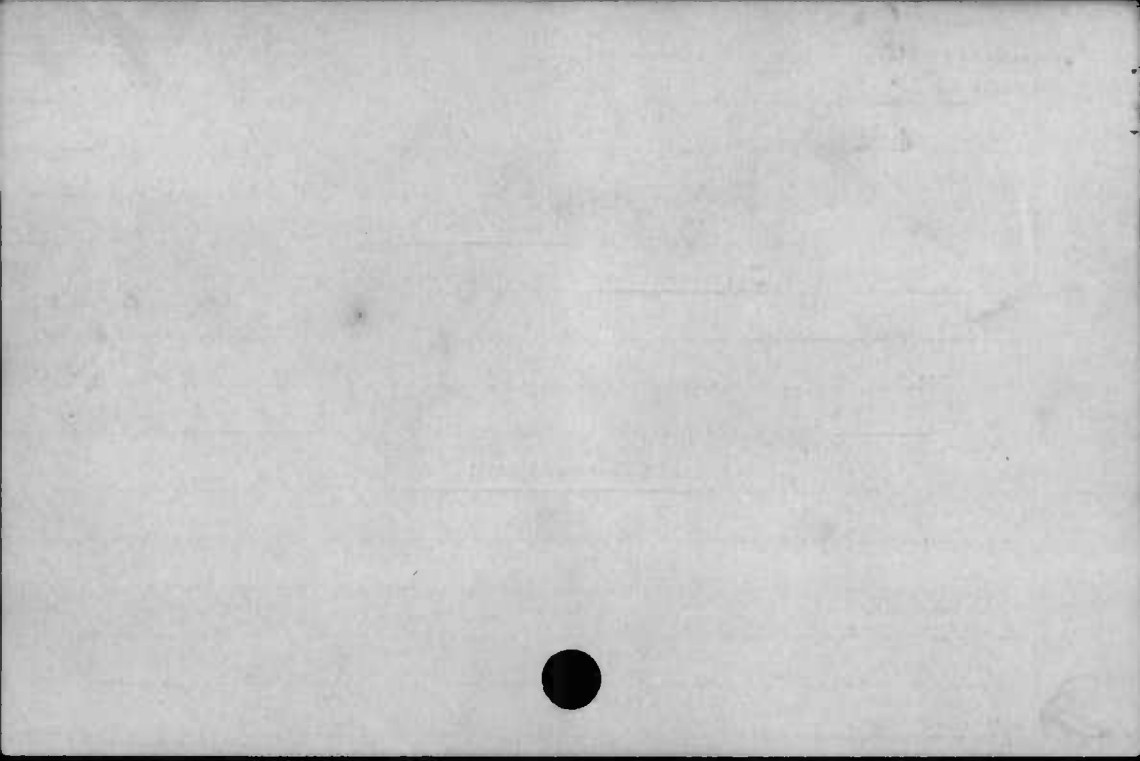
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carlisle</i> Town		<i>Leannell</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>16</i>	Age <i>1</i> Years	Months <i>1</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Carlisle</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Maybelle H. Gosson</i>			Father's Birthplace <i>Carlisle</i>		
Mother's Maiden Name <i>Annie H. White</i>			Mother's Birthplace <i>Carlisle</i>		
Name of person giving information <i>Maybelle H. Gosson</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemorrhage from</i>	How long <i>9</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Hall</i>
	Address <i>Habersville</i>
	<i>Baltimore</i>
Accident or Suicide?	



Name
in
Full

Guy B Green

no 95
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patafisco</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>1</i>	Age <i>1</i>	Years <i>1</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>	Months <i>8</i> Days <i>6</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Marion Green</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>do</i>		
Mother's Maiden Name <i>Clara Keen</i>	Name of person giving information <i>Marion. Green</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croup Pneumonia</i>	How long <i>2 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. J. Hering</i>
Address <i>—</i>	<i>—</i>
Accident or Suicide? <i>—</i>	<i>—</i>

Shaver

Bethel Church

Carrollton

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mayhew H. Green</i>		Town <i>Oakland</i>		County <i>Carroll</i>		MARYLAND	
Died at		Month <i>Nov</i>		Day <i>16</i>		Age <i>X</i>	
Date of death <i>1906</i>		Months <i>2</i>		Years <i>1</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Oakland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Mayhew H. Green</i>				Father's Birthplace <i>Oakland</i>			
Mother's Maiden Name <i>Annie M. White</i>				Mother's Birthplace <i>Oakland</i>			
Name of person giving information <i>Mayhew H. Green</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>151</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. D. H. H. H.</i>
	Address <i>Harrisonville</i>
	<i>Balto Co Md</i>
Accident or Suicide?	



Name
in
Full

Rachel M. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Rykesville^{County} Carroll

Date of death 1906 Nov.

Day 19th

Age 51 Years

Months

Days

Sex Female

Color or Race White

Birthplace Md.

Occupation Housewife

Where Residing if not
at place of deathMarried, ~~Single~~ Married MariaName of Wife or
Husband

2

Father's Name Daniel Brooks

Father's Birthplace Md

Mother's Maiden Name Para Eason

Mother's Birthplace Md

Name of person giving
In formation Joshua R. GreenHow related
to deceased Son.

CAUSES OF DEATH

Primary Chronic Mania

How long About 1 year

Immediate Malnutrition

How long -

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

John Norfolk Morris M.D.

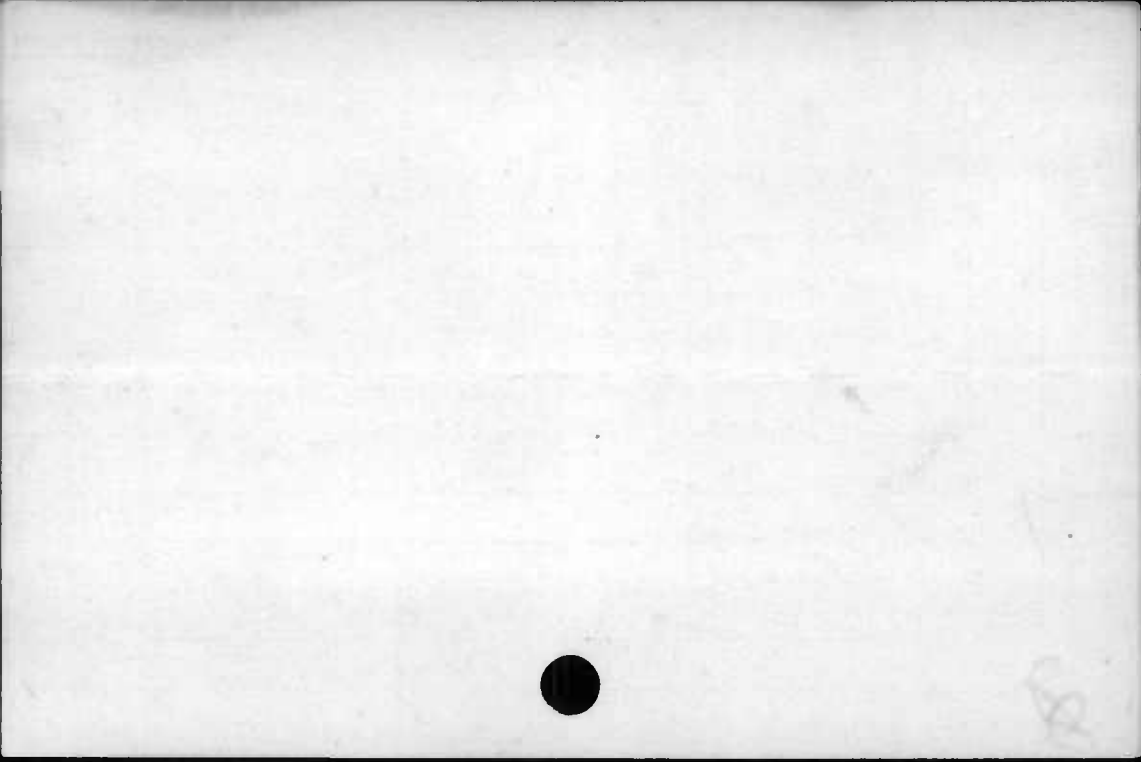
Address

Rykesville, Carroll Co

Accident or Suicide?

-

Maryland



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Summ Creek.*

Town

Carroll

County

Date of death *1906 Nov.*

Month

Day

Age *86*

Years

Months

Days

Sex *Female*Color or
Race*W*Birth-
place *Virginia*

Occupation

*House wife*Where Residing if not
at place of deathMarried, Single
or Widowed*Widow*Name of Wife or
HusbandFather's
Name*John Devilbin*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*John Moore*How related
to deceased*no*

CAUSES OF DEATH

Primary

Asthenia

How long

Immediate

Heart failure

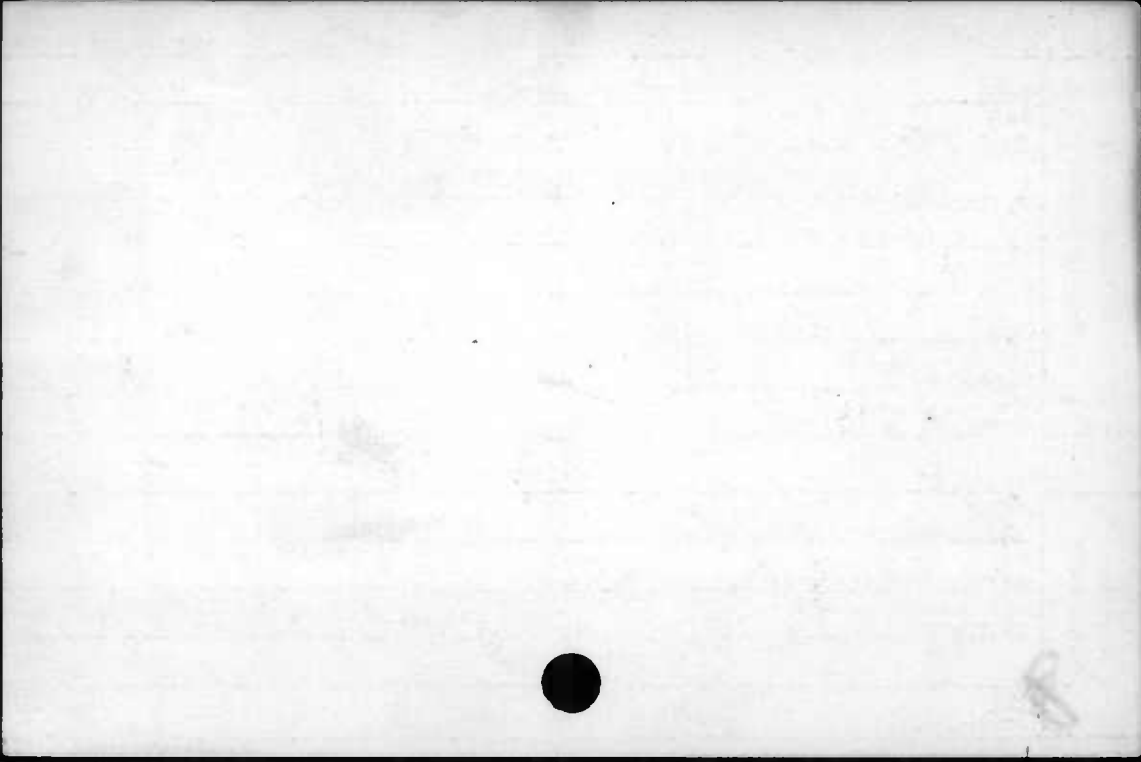
How long

*5 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. P. Brooks*

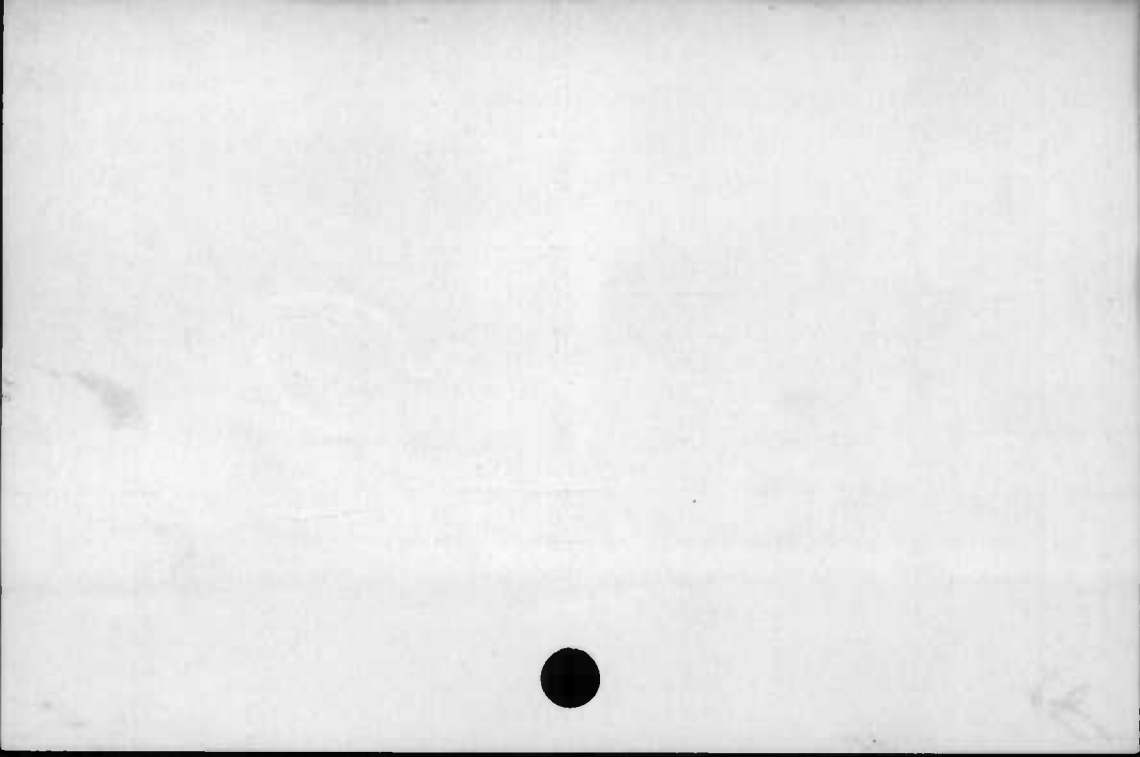
Address

Marston

Accident or Suicide?



LIBRARY HURFAN 6551E



Name

in
Full

Sister Guy S. Horsley

CERTIFICATE OF DEATH

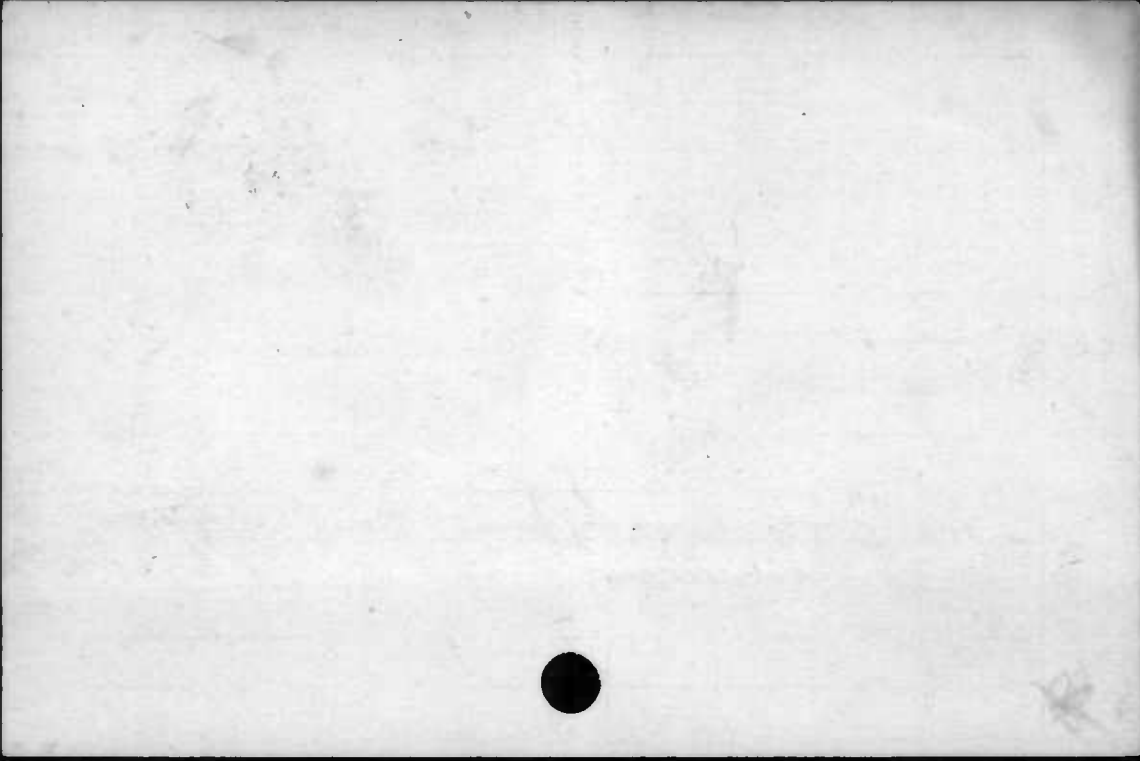
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Mar Eldersburg</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>19</i>	Age <i>2</i>	Years <i>2</i>	Months <i>6</i>	Days <i>14</i>	
Sex <i>Male</i>	Color <i>Black</i>		Birth-place <i>Ind.</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>Eldersburg</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Harvey Horsley</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Florence Johnson</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Florence Johnson</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Membranous Croup</i>	How long <i>2 days</i>
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. D. Morris M.D.</i>
	Address <i>Eldersburg Ind.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Sarah Ann Kemper* Town *Langtown* County *Barroll*

Died at *Langtown*

Date of death *1906* Month *11* Day *11* Age *72* Years Months *8* Days *5*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *None* Where Residing if not at place of death

~~Manner: Single~~ or Widowed Name of Wife or Husband *Henry Kemper*

Father's Name *George Keefer* Father's Birthplace *Pa*

Mother's Maiden Name *Loydia Herr* Mother's Birthplace *Ned*

Name of person giving information *George Kemper* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

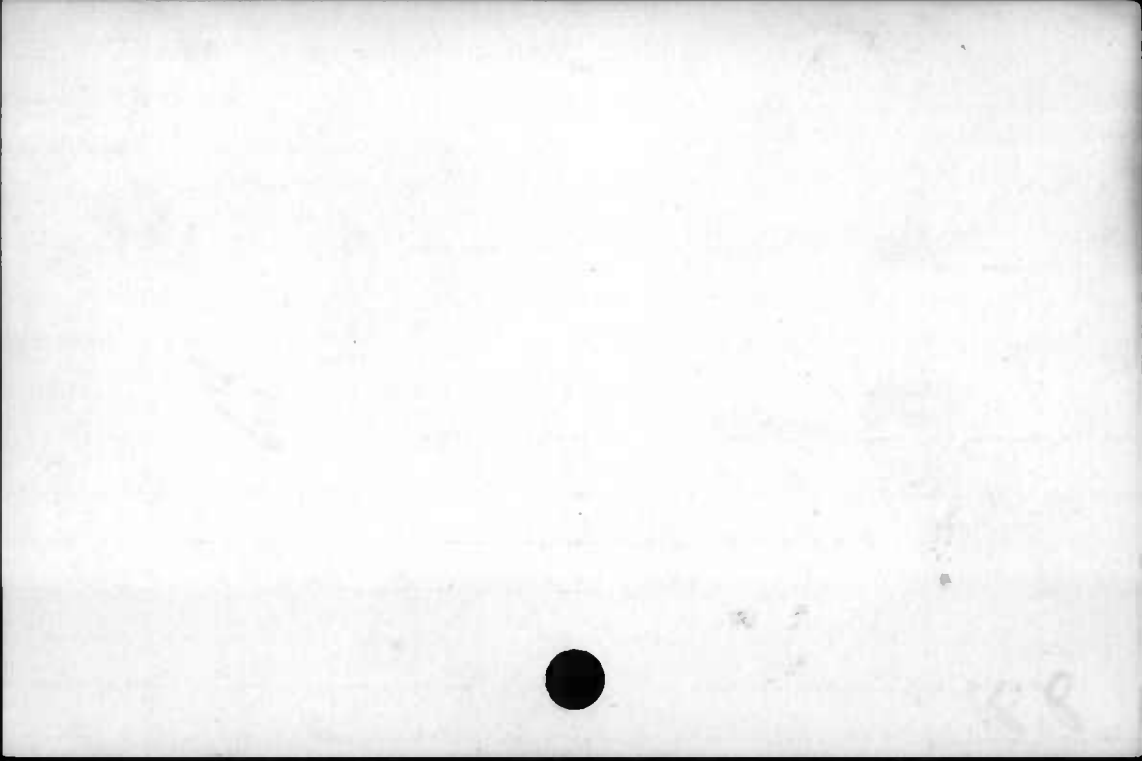
Primary *Thrombosis, Acute Softening of Brain* How long *1 year*

Immediate *Exhaustion* How long: *1 week.*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. H. Seiss*

Address *Langtown*

Accident or Suicide? *Ind*



Name in Full

Certificate of Death

Hyman Vernon Lippy

Town

County

Died at

Manchester

Carroll

MARYLAND

Date

1906

Month

Day

Nov 8

Age

Y.

M.

D.

1 8 -

Native of

Maryland

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Elmer L Lippy

Mother's

Name

Annie E Albright

Cause of

Primary

Nephritis

Death

Immediate

Convulsions

How long sick

4 weeks

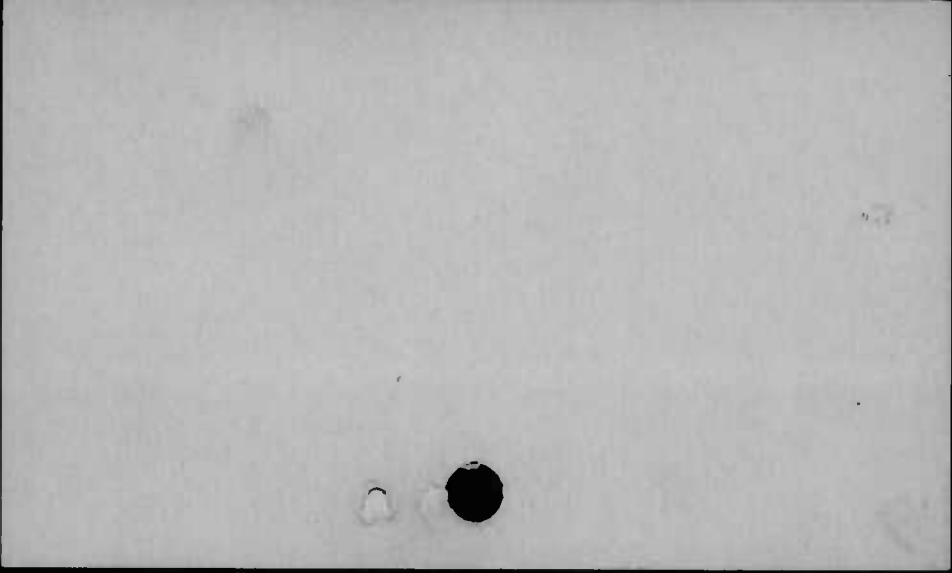
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8508



Name
in
Full

Follis Geneva McClellan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt. Airy^{County} CarrollDate
of death 1906^{Month} Nov.^{Day} 14^{Age} 4^{Years} 4^{Months} 8

Sex

Female

Color or
Race

white American

Birth-
place

Mt. Airy Md.

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John C. McClellan

Father's
Birthplace

Westminster

Mother's
Maiden Name

Agnis T. Barnes

Mother's
Birthplace

Fruit Co. Md.

Name of person giving
Information

John C. McClellan

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

How long

9 days

Immediate

Toxemia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

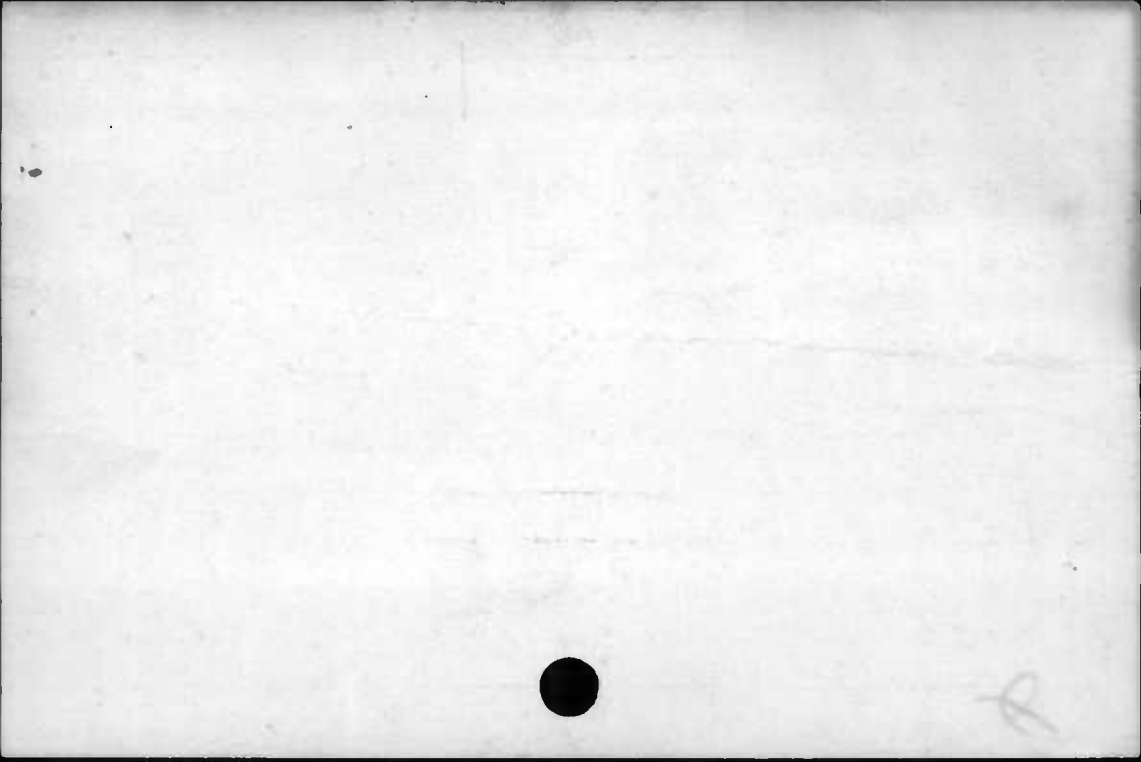
Signature of
Physician

A. E. Bromwell

Address

Mt. Airy, Md.

Accident or Suicide?



Died at *Martin* Town *Stee-bow* County *Carroll* MARYLAND

Date *1906* *11* *10* Y. ~~M.~~ ~~D.~~ Native of ~~Occupation~~
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of ~~Wife~~ Father's Name *Richard Martin* Mother's Name *Lily Martin*

Cause of ~~Death~~ *Pneumonia* *Stee-bow* How long sick ~~Accident, Suicide, Homicide~~

Reported by *F B Mason* M. A.
 Address *Martin*



Name
in
Full

William H Milburn

147
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Union Bridge</i>		Town <i>Union Bridge</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1906	Month	Nov.	Day	2	Years	52
Sex	Male		Color or Race	Colored		Months	8
Occupation	Laborer		Where Residing if not at place of death	Days 7			
Married, Single or Widowed	Single		Name of Wife or Husband	Martha E. Milburn			
Father's Name	H. H. Milburn		Father's Birthplace	Indiantown Co.			
Mother's Maiden Name	Elizabeth Perry		Mother's Birthplace	" "			
Name of person giving information	Family		How related to deceased	"			

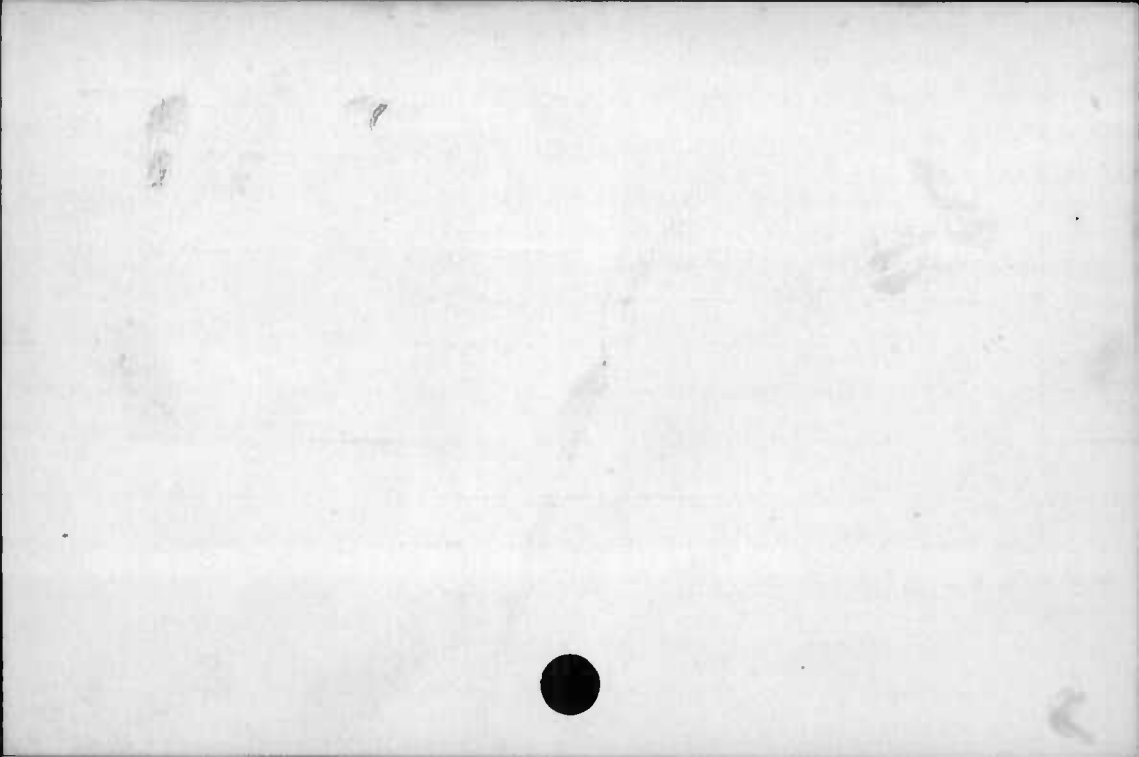
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Six weeks</i>
Immediate	<i>Heart failure & hemorrhage</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	<i>Dr. H. E. Hoff</i>		
Address	<i>Union Bridge</i>		
Accident or Suicide?	No		

Not Olive

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Greenmount</i>		County <i>of Carroll</i>		MARYLAND	
	Date of death		1906	Month <i>11</i>	Day <i>26</i>	Age <i>9</i>	Years <i>9</i>	Months <i>8</i>
	Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Greenmount</i>			
	Occupation <i>-</i>		Where Residing if not at place of death <i>Greenmount</i>					
	Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>-</i>					
	Father's Name <i>George Miller</i>		Father's Birthplace <i>Millers</i>					
	Mother's Maiden Name <i>Margaret Miller</i>		Mother's Birthplace <i>Greenmount</i>					
Name of person giving information <i>Margaret Miller</i>		How related to deceased <i>Mother</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		<i>Convulsions</i>				How long <i>5 hours</i>	
	Immediate		<i>in</i>				How long <i>in</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>mother</i>		Signature of Physician <i>J. A. Preston M.D.</i>			
					Address <i>Greenmount</i>			
Accident or Suicide?								



Name
In
Full

Annie E. Ocker

102
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Uniontown</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>30</i>	Age <i>72</i>	Years <i>72</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Jacob Ocker</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Margaret Stevenson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>David J. Rorfi</i>			How related to deceased <i>Brother in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myxedema</i>	How long <i>15 Years</i>
Immediate <i>Old age</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jacob Ruchardt M.D.</i>
	Address <i>Trizellburg Me.</i>
Accident or Suicide?	

Shannon
Westminster Cemetery

Name
in
Full

Samuel Ott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Near Harney* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death *1906* ^{Month} *11* ^{Day} *7* ^{Years} *72* ^{Months} *8* ^{Days} *14*

Sex *Male* Color or Race *White* Birth-place *Med*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Matilda Ott*

Father's Name *John Ott* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Suiger* Mother's Birthplace *Ind*

Name of person giving information *Matilda Ott* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Apoplexy* ^{How long} *20 minutes*

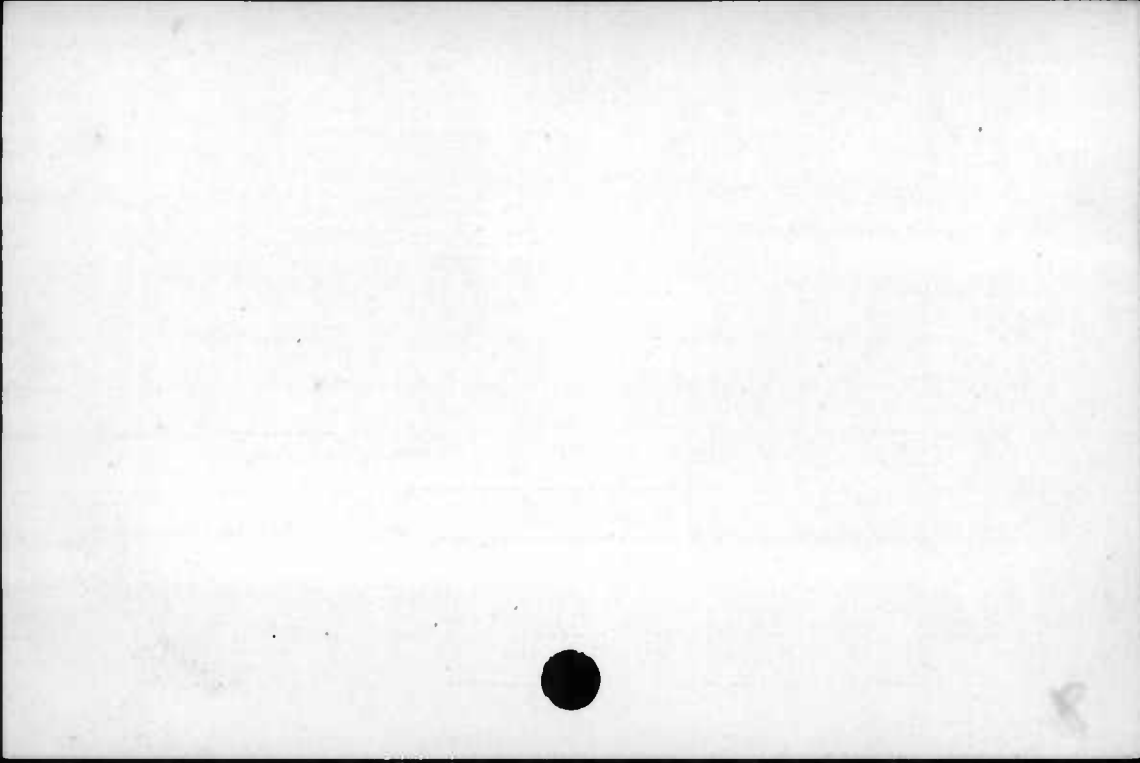
Immediate *Cerebral Hemorrhage* ^{How long} *" "*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Charles E. Koop*

Address *Taneytown*

Accident or Suicide?



Name in Full		William H. Pickett.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} <i>Winfield</i>		^{County} <i>Carroll</i>		MARYLAND		
		Date of death <i>1906</i>		Month <i>11</i>	Day <i>20</i>	Age <i>84</i>	Months <i>4</i>	Days <i>16</i>
		Sex <i>Male</i>		Color, or Race <i>White</i>		Birth-place <i>Maryland</i>		
		Occupation <i>Shoemaker</i>		Where Residing if not at place of death <i>Winfield, Md.</i>				
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Amelia A. Pickett</i>				
		Father's Name <i>Unknown</i>		Father's Birthplace <i>- -</i>				
		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>- -</i>				
Name of person giving information <i>M. D. L. Pickett</i>		How related to deceased <i>Son</i>						
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary <i>subacute gastritis</i>		<i>104</i>		How long <i>6 months</i>		
		Immediate <i>senile Debility</i>				How long <i>...</i>		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. D. Brock</i>		Address <i>Winfield Md.</i>		
				Address <i>Winfield Md.</i>				
		Accident or Suicide?						

E. Benigno

Name in Full		No 97				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Arundale</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND		
		Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>9</i>	Age <i>7</i>	Years	Months <i>6</i>	Days
		Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Carroll Co Md</i>		
		Occupation			Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
		Father's Name <i>Evan Stultz</i>			Father's Birthplace <i>Carroll Co Md</i>			
		Mother's Maiden Name <i>Elsie Poulson</i>			Mother's Birthplace <i>" "</i>			
		Name of person giving information <i>Cornelius Polson</i>			How related to deceased <i>Grand father</i>			
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary <i>Whooping Cough</i>			How long <i>2 weeks</i>			
		Immediate <i>Convulsions</i>			How long <i>3 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>J. Woodward</i>			
					Address <i>Westminster Md</i>			
Accident or Suicide? <i>No</i>								

Stone Chapel cemetery
Stones

Name
in
Full

Ezra D. Powell

CERTIFICATE OF DEATH

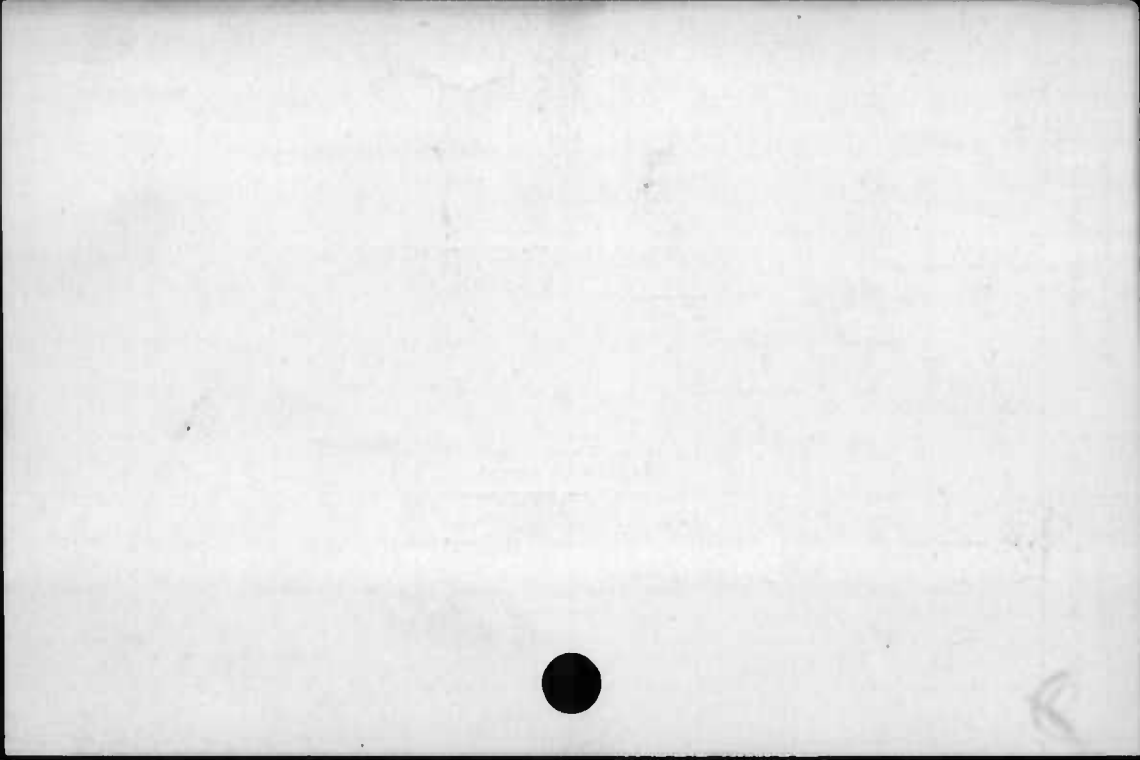
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Pleasant Valley Carroll		County								
Date of death		1906	Month	27	Day	67	Years	10	Months	13	Days	
Sex		Color or Race		White		Birth-place		Carroll County				
Occupation		Farmer		Where Residing if not at place of death								
Married		Name of Wife or Husband										
Father's Name		Jacob Powell				Father's Birthplace						
Mother's Maiden Name		Hanna Rinnecker				Mother's Birthplace						
Name of person giving information		Robert Powell				How related to deceased						Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long		
Immediate	Heart Failure	179	How long
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Edward G. Graft	
Address		Nundentaker	
Accident or Suicide?		Jimmie Mills, Md	



Name
in
Full

Francis Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Springfield Hospital*

Town

Leannoll

County

Date

of death *1906*

Month

Nov.

Day

25

Age

Years

34

Months

Days

Sex

*male*Color or
Race*White*Birth-
place*N.J.*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*J. Henry Smith*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Hospital record*How related
to deceased

CAUSES OF DEATH

Primary

Epileptic dementia

How long

Many years

Immediate

Asphyxiation

How long

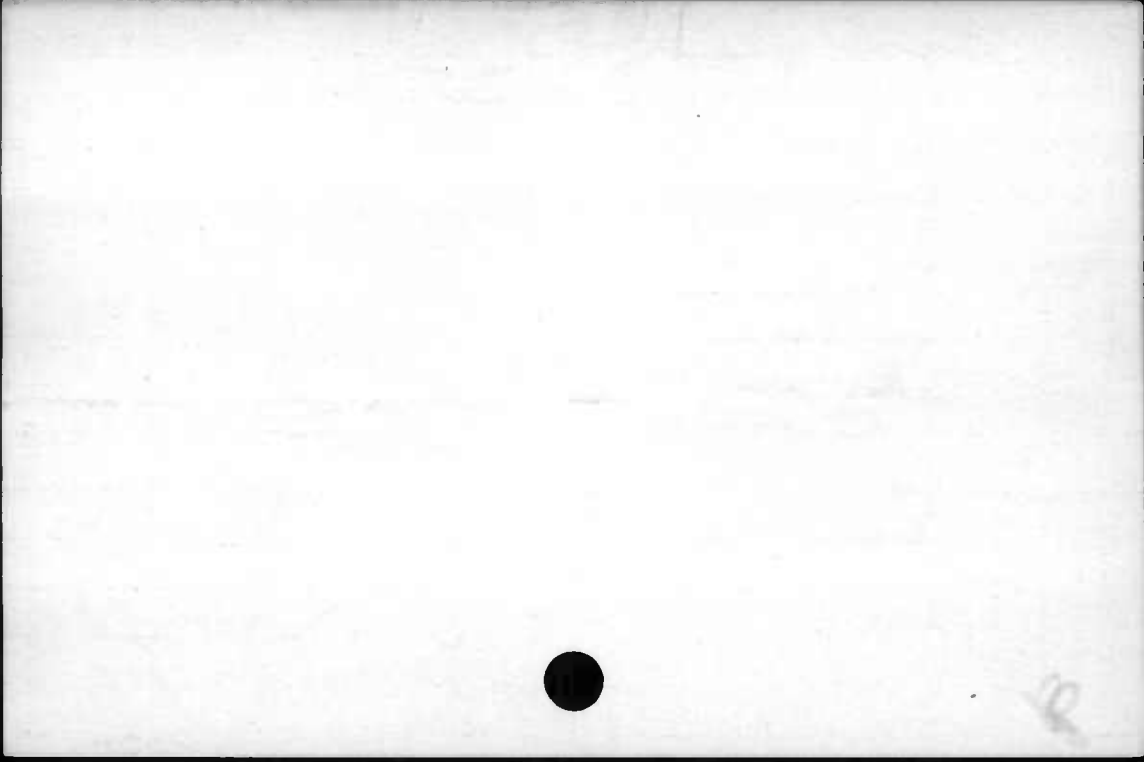
*few minutes*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Chas. J. Barry*

Address

*Sykesville - Md**Yes*

Accident or Suicide?

Meat lodged in throat



Name
in
Full148
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Union Bridge</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	190 <u>6</u>	Month	<u>Nov.</u>	Day	<u>17</u>
Age		<u>3</u>	Years	<u>9</u>	Months
Sex		<u>Male</u>	Color or Race	<u>White</u>	Birth place
Occupation		<u>Induct Co.</u>			
Where Residing if not at place of death					
Married, Single or Widowed		<u>Single</u>			
Name of Wife or Husband					
Father's Name		<u>Newton Stetely</u>			
Mother's Maiden Name		<u>Eugene Wagner</u>			
Name of person giving information		<u>Family</u>			
Father's Birthplace		<u>Induct Co.</u>			
Mother's Birthplace		<u>.. ..</u>			
How related to deceased		<u>79</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Overdosed from Strychnine</u>	How long	<u>5 days</u>
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
	Signature of Physician		<u>[Signature]</u>	
Address		<u>Union Bridge</u>		
Accident or Suicide?		<u>Accident</u>		

Union Chapel,
Fred Co

Name
in
Full

Louis A. Stolpp

CERTIFICATE OF DEATH

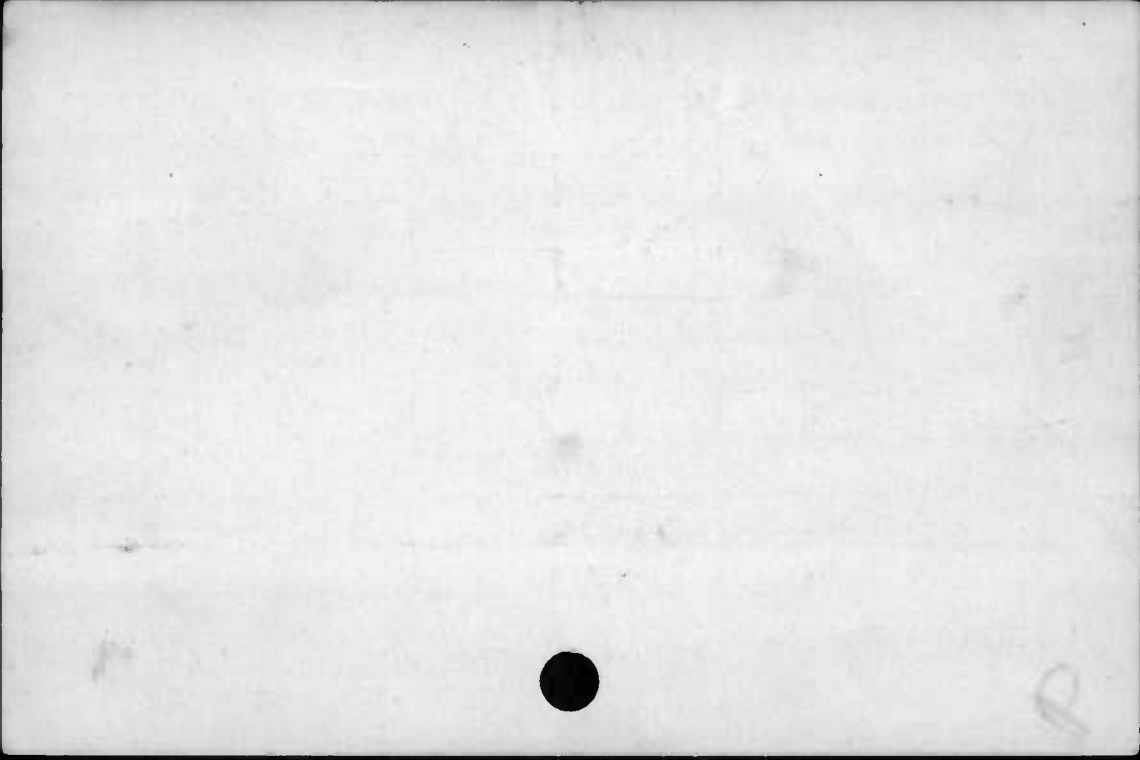
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov.</i>	Day <i>11</i>	Age <i>67</i>	Years	Months	Days
Sex <i>m</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
Occupation <i>Baker</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband						
Father's Name <i>John Louis</i>	Father's Birthplace <i>France</i>						
Mother's Maiden Name <i>Louisa Fredricka</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>Hospital records</i>	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralytic dementia</i>	<i>120</i>	How long <i>?</i>
Immediate <i>Chronic Nephritis & Uremia</i>		How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. J. Carey</i>	Address <i>Sykesville Md.</i>
Accident or Suicide?		



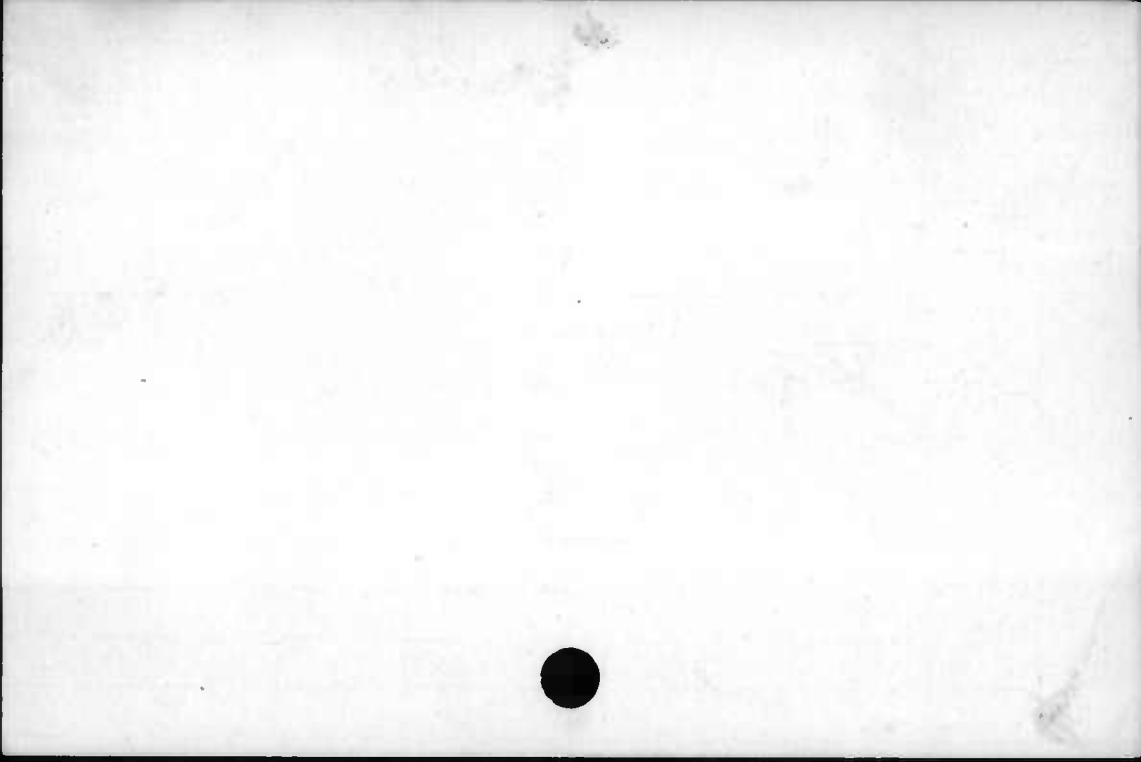
Name
in
FullNo 100
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carrollton</i>		Town		County <i>Leanne</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>18</i>	Age <i>70</i>	Years	Months <i>4</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Retired Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Margaritta Magee</i>						
Father's Name <i>Samuel Taylor</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Louise Brown</i>	Mother's Birthplace						
Name of person giving information <i>Charles Taylor</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. King</i>
	Address <i>W. H. King</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Rosa Belle Walsh

no 99
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Carrollton		^{County} Carroll		MARYLAND	
Date of death	1906	Month	Nov	Day	16
Age		16		Years	16
Sex	Female	Color or Race	white	Months	8
Occupation	—		Birthplace	Carroll Co Md	
Where Residing if not at place of death			—		
Married, Single or Widowed	single		Name of Wife or Husband	—	
Father's Name	John Walsh		Father's Birthplace	Carroll Co Md	
Mother's Maiden Name	Ellen Hunt		Mother's Birthplace	" " "	
Name of person giving information	Michael Walsh		How related to deceased	Nucle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	4 weeks
Immediate	Hæmorrhage		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Wishnutes		
<input checked="" type="checkbox"/> Accident or Suicide?				

St John's Catholic Cemetery
Stoner.

Name
in
Full

Lena Stohlgemuth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

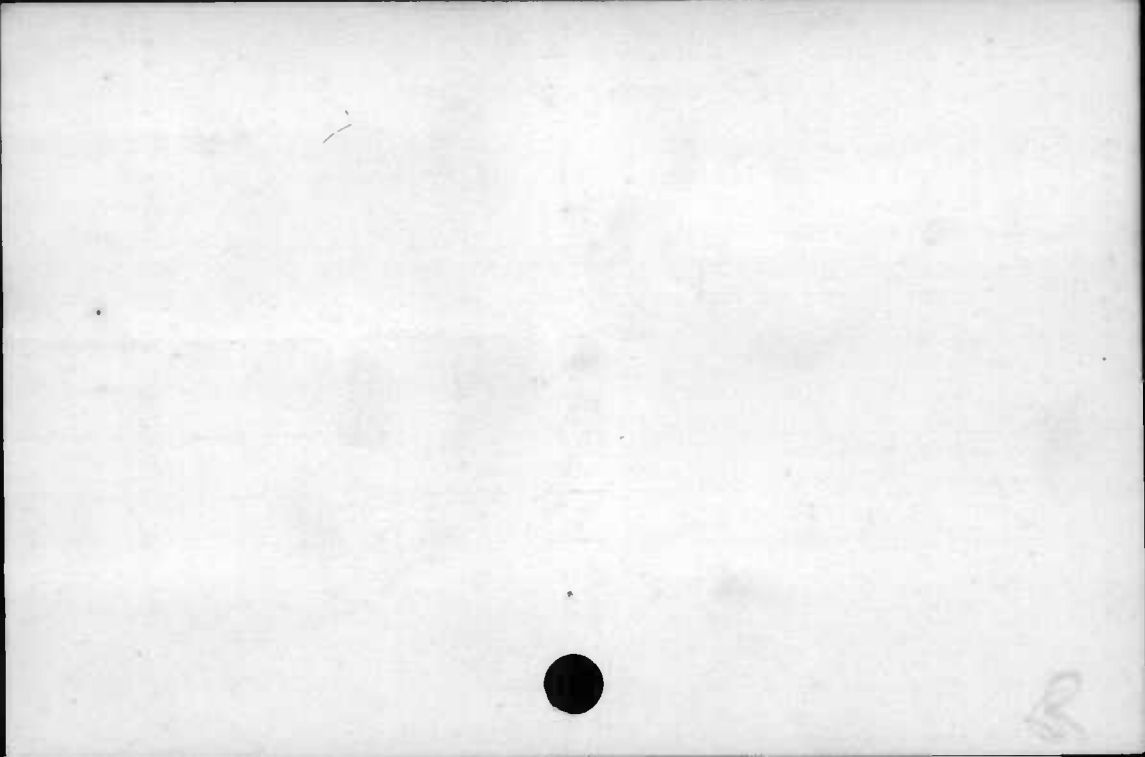
Died at ^{Town} Sykesville ^{County} CarrollDate of death 1906 ^{Month} November ^{Day} 16th ^{Age} 46⁻ ^{Months} - ^{Days} -Sex Female ^{Color or Race} White ^{Birth-place} Germany.Occupation Reamstress ^{Where Residing if not at place of death} -^{Married, Single or Widowed} Single ^{Name of Wife or Husband} -^{Father's Name} Unknown^{Father's Birthplace} -^{Mother's Maiden Name} "^{Mother's Birthplace} -^{Name of person giving information} Mt Hope Authorities^{How related to deceased} -

CAUSES OF DEATH

^{Primary} Pthisis Pulmonalis ^{How long} Six years^{Immediate} Exhaustion ^{How long} -^{Are the name, age, sex, color, date and place correctly given above?} Yes^{Signature of Physician} John Norfolk Morris M.D.^{Address} Springfield Hospital,^{Accident or Suicide?} -

Sykesville, Carroll Co. Md

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Yusef Wright

Died at *Bennett* Town *Canoll* County **MARYLAND**

Date of death **1906** Month *11* Day *2* Age **33** Years Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Maryland*

Occupation *Laborer* Where Residing if not at place of death *Bennett, Md.*

Married, Single or Widowed *Married* Name of Wife *Rachael Wright*

Father's Name *Edward Wright* Father's Birthplace *Md.*

Mother's Maiden Name *Caroline Fugbury* Mother's Birthplace *Md.*

Name of person giving information *Edward Wright* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Pulmonary Tuberculosis* How long *2 months*

Immediate *" "* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. J. Crank*

Address *Winfield Md.*

☒ Accident or Suicide?

White Rock

Name in Full		Howard M. Zile				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Winfield		County Carroll		MARYLAND
	Date of death		1906	Month 11	Day 3	Age 58	Months 7 Days 10
	Sex		Male		Color or Race		White
	Occupation		Cannery		Birth- place		Maryland
			Where Residing if not at place of death		Winfield, Md.		
	Married, Single or Widowed		Married		Name of Wife or Husband		Leannora Zile
	Father's Name		David H. Zile (deceased)		Father's Birthplace		Md.
	Mother's Maiden Name		Elizabeth Parish (deceased)		Mother's Birthplace		Md.
Name of person giving In formation		Arthur M. Zile		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Carcinoma of stomach		How long		2 yrs
	Immediate		"		How long		"
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. D. Brown
					Address		Winfield
	Accident or Suicide?						

Ebenzer

✓